

2001 ANNUAL STATEMENT OF EARNED INCOME NEW MEMBER DATA

MEMBER'S NAME: _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DATE OF RETIREMENT: _____

AGENCY RETIRED FROM: _____

POSITION/TITLE: _____

TYPE OF DISABILITY (ACC/ORD): _____

ANNUAL ANNUITY AMOUNT: \$ _____

ANNUAL PENSION AMOUNT: \$ _____

ANNUAL DEPENDENCY AMOUNT: \$ _____

WORKERS COMPENSATION OFFSET AMOUNT: \$ _____

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